## FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

160885

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated aver	age burden
hours per respo	onse 16.00

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
1 1	1					

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	(6) FIULOE SOCIUED WA
Type of Filing: ☑ New Filing ☐ Amendment	NECENTED WATER
A. BASIC IDENTIFICATION DATA	// ADD 0 4 200/
POSITRON SYSTEMS, INC. SERIES A CONVERTIBLE PREFERED STOCK    Siling Under (Check box(es) that apply)	
OSTITRON SYSTEMS, INC. SERIES A CONVERTIBLE PREFERRED STOCK ing Under (Check box(es) that apply):   Rule 504   Rule 505   Rule 506   Section 4(6)   ULOE	
Positron Systems, Inc.	
	1
	V
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	_ ·
Brief Description of Business Provides non-destructive metals testing using positron annihilati	ion methodology.
···	
	PROCESSED.
Type of Business Organization	
☑ corporation       ☐ limited partnership, already formed       ☐ other         ☐ business trust       ☐ limited partnership, to be formed	er (please specify): APR 1 0 2007
Month Year	E - I - I - I - I - I - I - I - I - I -
Actual or Estimated Date of Incorporation or Organization: 0 1	ctual
	r State:
CN for Canada; FN for other foreign jurisdicti	on) D E
GENERAL INSTRUCTIONS	<del>-</del>
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulatio 77d(6).	on D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be maphotocopies of the manually signed copy or bear typed or printed signatures.	nually signed. Any copies not manually signed must be
Filing Fee: There is no federal filing fee.	•
State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with are to be, or have been made. If a state requires the payment of a fee as a precondition to the clai accompany this form. This notice shall be filed in the appropriate states in accordance with state this notice and must be completed.	the Securities Administrator in each state where sales im for the exemption, a fee in the proper amount shall

mber.

1 of 9

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

filing of a federal notice.

		A. BASIC IDEN	TIFICATION DATA			<u> </u>
2. Enter the information rec	•	<del>-</del>	6		. :	112
•		has been organized within th	·		. 6	
	- ·	to vote or dispose, or direct the				he issuer;
		orporate issuers and of corpora	ate general and managing pa	nners of partners	iip issuers; and	
Each general and ma					<del>.</del>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if Hedley, Martin	individual)	-				- · · ·
Business or Residence Address 411 N. 5 <sup>th</sup> Street, Boise, Idah		reet, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if Oaas, T. Erik	individual)		•	•		<del></del>
Business or Residence Address 411 N. 5 <sup>th</sup> Street, Boise, Idah		reet, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if Clemins, Archie	`individual)					
Business or Residence Address 411 N. 5 <sup>th</sup> Street, Boise, Idah		reet, City, State, Zip Code)				·. ·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if Cestari, Donald	individual)					1.3
Business or Residence Address 411 N. 5 <sup>th</sup> Street, Boise, Idah		reet, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	;
Full Name (Last name first, if	`individual)					
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)		····		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if	`individual)	,				4
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)				• •1
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	•
Full Name (Last name first, if	individual)	,				• • • • • • • • • • • • • • • • • • • •
Business or Residence Address	ss . (Number and St	reet, City, State, Zip Code)		<del></del>	· · · · · · · · · · · · · · · · · · ·	. ••
	(Hee bloc	ak cheet, or convigand use addi	tional conies of this sheet as	necessary )	····	****

				B.	INFORMA	ATION AB	OUT OFF	ERING					<u>.</u>
					<del>.</del>							Yes	No
1. F	las the issue	r sold, or d	oes the issu	er intend to	sell, to no	n-accredited	d investors	in this offer	ring?	• • • • • • • • • • • • • • • • • • • •			$\boxtimes$
			Ar	swer also i	in Appendi:	x, Column 2	2, if filing u	ınder ULOI	Ξ.				
2. What is the minimum investment that will be accepted from any individual?									S	50,000			
					•	•							No
3. E	oes the offe	ring permit	t joint owne	rship of a s	single unit?	************						<b>Ø</b>	
4. E	Enter the inf	formation r	eauested fo	or each ne	rson who l	has been o	r will be t	paid or give	en. directly	or indirec	tlv. anv		- 1517
С	ommission	or similar r	emuneratio	n for solic	itation of p	urchasers in	n connectio	on with sale	s of securi	ties in the	offering.		
	f a person to												
	tates, list the broker or de								are associat	led persons	of such		••
	ne (Last nan												
ruii inai	ne (Last nar	ne mrst, m	naividuai)										
	<u></u>												
Busines	s or Residen	ce Address	(Number a	nd Street, (	City, State,	Zip Code)							
Name of	f Associated	Broker or	Dealer									•••	
<u></u>										•			-3
	Which Pers									•			
(Che	ck "All State	es" or check	c individual	States)	• • • • • • • • • • • • • • • • • • • •			••••••					States
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	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]		1: 600
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				•									<u></u>
Busines	s or Residen	ce Address	(Number a	nd Street, C	City, State,	Zip Code)							:5**
Name of	f Associated	Broker or l	Dealer										
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Business	s or Residen	ce Address	(Number a	nd Street, C	City, State, 2	Zip Code)							
Name of	Associated	Broker or I	Dealer										- (40)
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States in	Which Pers	on Listed L	Jac Saliaita	d or Intend	e to Solicit	Durchasers		,				·	
	ck "All State											□ <b>4</b> 81 ±	
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												,	-

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				: <u></u>
	Type of Security		Aggregate ffering Price	An	nount Already Sold
	Debt	\$_		\$_	
	Equity	\$	1,500,000	\$	92,000
	□ Common ☑ Preferred			_	. ម.ខំ .
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests			- \$	<u>a.</u>
	Other (Specify)	_		<u> </u>	· \ \ States
	Total			<b>*</b> -	92,000
	Answer also in Appendix, Column 3, if filing under ULOE.	⊸_	1,300,000	⊸_	, 72,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•	Number Investors		Aggregate >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
	Accredited Investors	_	1	\$_	92,000
	Non-accredited Investors	_		\$_	
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				a3.)
	Type of Security		Type of Security	Do	ollar Amount Sold
	Rule 505			\$	; ;
	Regulation A	_		<b>s</b>	v 9(d)555
	Rule 504	_		°-	1.1.1(4)
	Total	_		\$_ \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			₽_	(2°)
	Transfer Agent's Fees			\$_	1,000
	Printing and Engraving Costs			<b>S</b> _	*2,008
	Legal Fees		⊠	\$_	5,000
	Accounting Fees			<b>S</b> _	<del></del>
	Engineering Fees.			\$_	
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify)		. 🗖	\$_	
	Total			\$_	5,000
				_	ii V shks
	4 of 9				123

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	•					
	. C. OFFERING PRICE, NU	JMBER OF INVESTORS, EXPENSES AND US	E OF I	PROCEEDS		1
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adjusted	gross		<b>s</b> _	1,495,000
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part C	any purpose is not known, furnish an estimat of the payments listed must equal the adjusted	e and			्यसार जैक्ट
	proceeds to the issuel set total in response to rain e	- Question 4.0 above.		Payments to Officers, Directors, & Affiliates		Payments To Others (1911)
	Salaries and fees		□\$_	·	□\$_	
	Purchase of real estate		□\$_		_ <b> \$</b>	
	Purchase, rental or leasing and installation of mad and equipment		□ \$_		\$_	·
	Construction or leasing of plant buildings and fac	ilities	□\$_	···-	<b></b>	
	Acquisition of other businesses (including the val offering that may be used in exchange for the ass	ets or securities of another	_ ^			didi:
	issuer pursuant to a merger)		_		_	(6), 5
	Repayment of indebtedness					
	Working capital		_	<del></del> .	_	1,495,000
	Other (specify):	<del></del>	□ \$_		□ \$_	11/1/
						1 10,417
			_		_	
	Column Totals		_		□ \$_	1,495,000
	Total Payments Listed (column totals added)	· · · · · · · · · · · · · · · · · · ·		⊠ \$	1,495	,000 mas
		D. FEDERAL SIGNATURE				1 18 16 19 19 19 19 19 19 19 19 19 19 19 19 19
		D. FEDERAL SIGNATURE				1.3 (F)
sigi	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-accrec	furnish to the U.S. Securities and Exchange (	Commi			
SSI	eer (Print or Type)	Signature		Date	-	
•	SITRON SYSTEMS, INC.	faul m 1/2	(	March <u>28</u> ,	2007	ी के जन्म द
	ne of Signer (Print or Type)	Title of Signer (Print or Type)				1.55
PA	UL M. BOYD	CORPORATE SECRETARY				
						1:15
		•				** 18'nt

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•		
	E. STATE SIGNATURE		į
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		×.
		. •	
	See Appendix, Column 5, for state response.		1

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

1. 15.76

unter.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature)	Date	J. 3.
POSITRON SYSTEMS, INC.	Jan-m hd	March <u>2 8</u> , 2007	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
PAUL M. BOYD	CORPORATE SECRETARY		

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

ì	•	2	3			4			<i></i>
;	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)			under St (if yes explan waiver	lification ate ULOE , attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No F
AL									
AK									*.}
ΑZ									
AR									- 124
CA									
СО									
СТ								<u> </u>	
DE									
DC					·				
FL									
GA									
HI									4.,
ΙD		х	\$1,500,000 Series A Preferred Stock	1	\$92,000	-0-	-0-		X
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LA									1
ME	•								
MD									
MA									
MI							-		
MN									
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## APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pi	4  f investor and urchased in State t C-Item 2)	,	Disqual under Sta (if yes explan- waiver	ification ate ULOE, attach attion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО								ļ	
МТ								ļ	4
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NV			 						
NH									4.
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NC									.3.
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		,		APP	ENDIX				· •
1	<u> </u>	2	3			4	<del></del>	Disgual	5 lification
	to non-a	to sell accredited is in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	,	amount p	of investor and urchased in State rt C-Item 2)		under St (if yes explan waiver	ate ULOE s, attach ation of granted) -ltem 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No _
WY									
PR							<u> </u>		